Dear parents/guardians,

Your son would like to attend and participate in our playoff games, Albuquerque NM. The cost to be able to participate in this event is $20.00. Transportation will be covered with this fee. Every player will receive lunch and a playoffs t-shirt at the tournament. We will leave and return the same day. Please have boys eat a good breakfast or bring something along for the trip or even bring money to buy something to eat.

We will pick up players where we practice at Sunrise Park at 3:00 am on Saturday May 13th and return to Sunrise Park at approximately 10:00 pm on the same day. **If you are in agreement with allowing your son to participate in this event, please sign below and have your son return it to Coach Satele.**

Who: El Paso Spartans U-19 R.F.C. & Coach Galu Satele

What: New Mexico Youth Rugby playoffs/state final

When: May 13th 3:00 am – May 13th 10:00 pm

Where: Balloon Fiesta Pkwy NE, Albuquerque, NM 87113

Please make sure players bring a fitted mouth guard, boots (cleats) and maybe a change of clothes for if they want to change clothes after the match. A pillow would also me a good idea to bring as well as a light jacket and sun block.

The trip will be supervised by Galu Satale and accompanied by any parents that are willing to go. For more information please call Coach Barrett: 915-329-3724 or Coach Satele 915-309-6565.

***CUT HERE & RETURN BOTTOM PORTION TO COACH SATELE*** 🡪------------------------

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/parents/guardian/guardians of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to Galu Satele, as representative of the El Paso Spartans U-19 R.F.C., to take my son to Socorro, NM on May 13th 3:00 am - May 13th 10:00 pm for the purpose of playing & participating in rugby football competition & social activities. We also consent to the representative, Coach Satele, to administer any medical attention necessary to my child in the event that they should require doing so while under their supervision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

player’s name (print first and sign last)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

parent’s name (print first and sign)/cel-number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

emergency contact’s name (print) and number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance provider/member number/phone number